

No. C 53453		Due no later than May 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MEADOWS VALLEY AMBULANCE SERVICE, INC. DAVE JOHNSON PO BOX 532 NEW MEADOWS ID 83654-0532		TOM KELLIE 3960 CAMPBELL RD NEW MEADOWS ID 83654		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	DALE ROACH	P.O. BOX 45	NEW MEADOWS	ID	USA	83654-0045
DIRECTOR	LEROY BRADEN	P.O. BOX 262	NEW MEADOWS	ID	USA	83654-0262
DIRECTOR	JACOB QUALLS	P.O. BOX 261	NEW MEADOWS	ID	USA	83654-0261
DIRECTOR	SHANNA ROFF	P.O. BOX 480	NEW MEADOWS	ID	USA	83654-0480
DIRECTOR	LINNEA HALL	4220 HIGHWAY 95	NEW MEADOWS	ID	USA	83654
DIRECTOR	FRED ERLAND	P.O. BOX 376	NEW MEADOWS	ID	USA	83654-0376
DIRECTOR	BARRY BLOOM	P.O. BOX 760	NEW MEADOWS	ID	USA	83654-0760
DIRECTOR	ROBERT CORDY	3286 THRUSH CREEK ROAD	NEW MEADOWS	ID	USA	83654
TREASURER	PAT F BLOOM	P.O. BOX 760	NEW MEADOWS	ID	USA	83654-0760
SECRETARY	DAVE JOHNSON	P.O. BOX 75	NEW MEADOWS	ID	USA	83654-0075
PRESIDENT	THOMAS KELLIE	3960 CAMPBELL ROAD	NEW MEADOWS	ID	USA	83654
5. Organized Under the Laws of: ID C 53453		6. Annual Report must be signed.* Signature: Pat F. Bloom Name (type or print): Pat F. Bloom Date: 05/22/2009 Title: Treasurer				
Processed 05/22/2009		* Electronically provided signatures are accepted as original signatures.				